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FROM: Daniel M. Scolnick
SENDER'S PHONE: 215.665.6928
OF PAGES (INCLUDING COVER): 24
DATE: October 18, 2004

TIMEKEEPER NO.: 2321
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FILE NAME: UPAP0002-100
FILE #: 136826

RECIPIENT(S)	PHONE	FAX
Examiner David Guzo U.S. PATENT AND TRADEMARK OFFICE GROUP ART UNIT 1636		703.872.9306

MESSAGE: OFFICIAL FAX!

Serial No.: 09/359,975 - Filing Date: July 23, 1999

Attachments: Transmittal form (1 sheet)
Fee Transmittal (w/auth to charge deposit acct \$420) (2 sheets)
Petition for 2 Months Extension of Time (2 sheet)
Response (18 sheets)

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PTO/88/21 (08-03)


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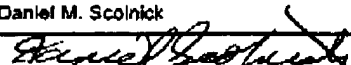
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/359,975
		Filing Date	July 23, 1999
		First Named Inventor	David B. Weiner et al.
		Art Unit	1836
		Examiner Name	D. Guzo
Total Number of Pages in This Submission	23	Attorney Docket Number	UPAP0002-100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Daniel M. Scolnick, Ph.D., Regis. No. 52,201
Signature	
Date	October 18, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as EXPRESS MAIL LABEL NO. EL964554863US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Daniel M. Scolnick		
Signature		Date	October 18, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 420.00

Complete if Known

Application Number 08/358,875
Filing Date July 23, 1999
First Named Inventor David B. Weiner et al.
Examiner Name D. Guzo
Art Unit 1636
Attorney Docket No. UPAP0002-100(198828)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None
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FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	2001	770	385	Utility filing fee	
1002	2002	340	170	Design filing fee	
1003	2003	530	265	Plant filing fee	
1004	2004	770	385	Reissue filing fee	
1006	2006	180	80	Provisional filing fee	

SUBTOTAL (1)

(3) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
40	-61 **	0	0
Independent Claims	3	-3 **	0
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	2202	18	0	Claims in excess of 20	
1201	2201	85	43	Independent claims in excess of 3	
1203	2203	290	145	Multiple dependent claim, if not paid	
1204	2204	86	43	** Reissue independent claims over original patent	
1205	2205	18	0	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(5) 0

** Or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SR prior to Examiner action	
1806	1,840*	1806	1,840*	Requesting publication of SR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	420
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or release)	
1502	480	2502	240	Design issue fee	
1503	840	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (g)	
1806	180	1806	180	Submission of information Disclosure Stmt	
6021	40	6021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	0
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(3) 420

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone
Daniel M. Scornick, Ph.D.	52,201	215.665.8928
Signature	Date	October 18, 2004

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